

**RECEIVED**  
**CENTRAL FAX CENTER**

MAY - 3 2004

Serial No: 09/783,002  
Attorney Docket No: 120-351  
Client Ref: 12660ROUS02U

**OFFICIAL**

**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306

5/3/2004

date

Lindsay G. McGuiness  
Signature

Lindsay G. McGuinness, Reg. No. 38,549  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment 23 pages

Petition for Ext. of Time x 2 2 pages

Change of Correspondence Address 1 page

Total including this sheet 27 pages

Please type a plus sign (+) inside this box

→ +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

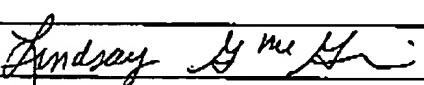
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/783,002
		Filing Date	02/15/2001
		First Named Inventor	Graves
		Group Art Unit	2633
		Examiner Name	Curs
Total Number of Pages in This Submission	Attorney Docket Number Nortel Ref:	12660ROUS02U 120-351 12660ROUS02U	

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> <td>Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.</td> </tr> </table>			Remarks	Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.
Remarks	Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Lindsay G. McGuinness, Reg. No. 38,549 Steubing McGuinness & Manaras LLP		
Signature			
Date	May 3, 2004		

**CERTIFICATE OF MAILING OR FACSIMILE**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on this date: May 3, 2004

Type or printed name	Carol Ann Mahoney		
Signature		Date	May 3, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.